



City of Albuquerque

Employee Emergency Contact Data Form

Please complete the information below.

PLEASE PRINT

Personal Data (required):

Name: _____

SSN: _____-_____-_____

Home Address (Physical): _____

Mailing Address if different than physical address: _____

Home Phone Number: _____

Birth Date: ____/____/____
Month/Day/Year

Marital Status: Single ____ Married ____ Divorced ____ Widowed ____

Emergency Contact Data (required):

Name: _____ Relationship: _____

Physical Address: _____

Daytime Phone: _____ Evening Phone: _____

Personal Data (optional):

Cell Phone: _____ E-mail Address: _____

Pager Number: _____

Signature: _____ **Date:** _____

In accordance with the City of Albuquerque Personnel Rules & Regulations, Section 1006: Updating Personnel Files: "Employees are responsible for keeping their personnel records updated. This includes, but is not limited to ...address, phone number and emergency notification information."

Rev. 3/2009